

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 111039.00216
		First Inventor or Application Identifier Kelly Gravelle
		Title AVI FOR EXPEDITED MOBILE ORDERING AND FULFILLMENT

(For new nonprovisional applications under 37 CFR 1.53(b))

TO/25/01

Jc9868 U.S. PTO 00/08/01

05/25/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification Total Pages 17
3. Drawing(s) (35 U.S.C. 113) Total 2
 Sheets
4. Oath or Declaration Total Pages 2
 - a. Newly executed (original or copy)
Copy from a prior application (37 C.F.R. §1.63(d))
 - b. (for continuation/divisional with box 15 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).
5. Incorporation By Reference (usable if box 4B is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4B, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

#5. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

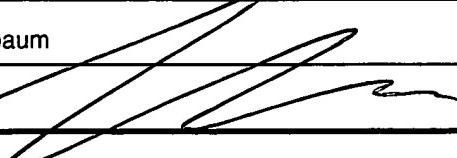
- Continuation Divisional Continuation-in-part (CIP) of prior application no.:
Prior application information: Examiner: Group Art Unit:

16. Amend the specification by inserting before the first line the sentence:

- This application is a Continuation Division Continuation-in-part (CIP)
of application Serial No. Filed on
- This application claims priority of provisional application Serial No. Filed

17. CORRESPONDENCE ADDRESS

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Signature:			Date: 5/25/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kelly Gravelle

SERIAL NO: New Application

FILING DATE: Herewith

FOR: AVI FOR EXPEDITED MOBILE ORDERING AND FULFILLMENT

FEE TRANSMITTALASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATION S
TOTAL CLAIMS	31 - 20 =	11	x \$18 =	\$198.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$710.00
			TOTAL OF ABOVE CALCULATIONS	\$908.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$908.00

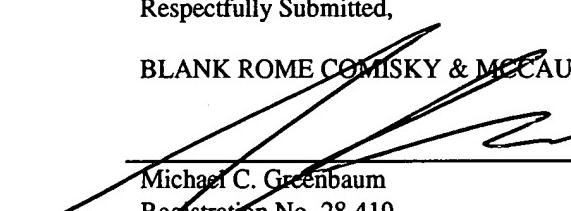
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 Please charge Deposit Account No. 23-2185 in the amount of _____ A duplicate copy of this sheet is enclosed. A check in the amount of \$908.00 to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 23-2185.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

BLANK ROME COMISKY & McCUALEY LLP

Date: May 25, 2001

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